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Alison is a well-known and thought-provoking speaker. Following qualification as a veterinary surgeon from Liverpool University, she worked in small animal practice for several years prior to leaving to pursue a business career, first with Hill's Pet Nutrition and then MARS. Alison is a visiting lecturer at Nottingham University vet school, covering customer understanding, and she sits on the Royal College of Veterinary Surgeons Communications Committee.

As founder and managing director of Onswitch, she – and her team – are constantly provoking new thoughts and ideas for the animal care professions.

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Figure 1



Customer-centred practice – is yours?

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ABSTRACT: The systems and processes at many practices are not designed or operated to put clients' needs first. Effective time management can easily come across as rude and impersonal service; clinical procedure and medical terminology can sound alienating at best, downright frightening at worst. With emotional insights from a real case, we analyse each stage of the owners' personal journey. The experience looks and feels very different from the clients' perspective – practice staff must ensure that every aspect of their service is completely customer-centric. We must always do what is right for the client, not what is best for the practice.

We are all committed to giving the animals in our care the very best clinical treatment, but unfortunately many of us do this in a way that, at best, is confusing to our customers, and at worst, is downright rude and disrespectful.

Maybe you don't agree?

Take a fresh look at some of the things that practices do from the viewpoint of a client:

- We ask for pre-operative pets to be dropped off at 8am – slap bang in the middle of the pre-school 'witching hour'.
- We send out booster reminders for pets that we have euthanased.
- Medication comes in tiny little pots with child-proof (anyone-proof) lids that our elderly clients, living alone, simply can't open.
- And the labels are printed with tiny writing that challenges even the sharpest sighted.
- We don't use text and e-mail reminders. Dentists, doctors and hairdressers do – why is it so difficult for us?
- Our telephone lines are always engaged.
- We don't tell clients upfront how much their pet's treatment will cost. And it's not cheap.
- We're not open at the weekend, which is the best time for working families to come in to see us.
- We use language and terminology that pet owners don't understand, and which can be frightening to hear.

In short, it's no wonder that our clients

are sometimes frustrated and irritable with us!

Systems and processes are used to improve profitability, efficiency and productiveness, which is not a problem if they are implemented in a way that does not alienate our customers; as long as their basic right to be respected and treated with dignity is observed; and provided we don't make them feel scared, upset or angry in the name of saving a few pennies and following 'the process'.

That is exactly what happened to 'Puss'. And what you are about to read is true.

'Puss' is a 10-year-old cat. She lives with her educated and comfortably off owners, Mr and Mrs A, who have no children and consequently adore her. Mr A is in the RAF, and so there have been a few changes of address over the years. Puss has always been healthy, but she has recently lost weight and is off her food. Understandably, Mr and Mrs A are very worried.

They look online to try and find out more about what the problem may be. Not to save money, cut costs or to find a cheaper (less reputable?) place than their usual practice. This is important – the vast majority of your clients use the Internet simply because they want to understand what they can do to help their pet. Not because they want to save money.

Go on; admit it, that's what you first thought!

Just as the delegates at the BVNA Congress thought when this case was presented to them.

“Owners go online not to reduce their costs, but to find information.”

Now Puss has always been happy and healthy. Her owners have busy lives and have moved around a fair bit. Puss has not been to the vets for the last six years. But let's not be judgemental here – her owners are sensible people who can afford to pay for her boosters if they are reminded that Puss needs them.

The fact is that it's all too easy to forget when routine things fall due. So it would be helpful for us remind all our owners when their pets are due for check ups and vaccinations.

“Owners will keep up to date with routine health care when they know about it, and understand what the benefits are.”

Back to Puss. She's now arriving at the vets with her owners, and the last thing on their minds is that their beloved pet has fallen behind on her immunisation protection. But this is the first thing the receptionist says to them: “Why have you not been in for the last six years?” Not “Hello Mr and Mrs A, I understand that you must be worried about Puss, we'll get you seen as soon as possible.”

There may well be a box flashing on the receptionist's computer screen, where the practice software programme prompts an answer to vaccination status. The screen may well be pulsating with indignant red messages. But this is not the time to address them.

Mr and Mrs A are taken through to a 'soulless white box' (their words). Or the consultation room as the practice calls it. Here they meet the vet, and vividly recall the following characteristics of their short consultation:

- They have no idea who the vet is – he has no name badge and does not introduce himself.
- 'He' is wearing a dirty top.
- 'He' does not make eye contact at all during the consult.

“If only the practice had taken the time to understand and empathise. If only they had acted with consideration of how their customers feel. So if you only remember one thing about this case, please make it your resolution to be completely customer-centric.”

- Puss is referred to as 'the cat'.
- She is 'scruffed' out of her carrying box.
- For most of the time, 'he' speaks from the back of the room with his face turned away from Mr and Mrs A.
- There are no chairs to sit down or rest the cat carrier on.

Puss is admitted for bloods and work-up, but no estimate of costs is given. No explanation as to what the prognosis may be, no management of the owners' obvious concern and distress.

But Mr and Mrs A went online, remember? They think it may be kidney disease. Mrs A knows a bit about this as she is a paediatric nurse. (Don't roll your eyes; it just happens to be her job. She could be an investment banker or a dinner lady, but as it happens, she knows a bit about medical matters.)

And whilst Mr and Mrs A are expecting a diagnosis of kidney disease, nobody at the practice mentions any kind of working theory, or tells them when the results will be in. Instead they present a bill for £180.

Later Mr and Mrs A receive a telephone call advising that the bloods indicate a kidney issue, and that Puss must come back for fluids to be administered. This can't be done at the first practice, however, so they are sent to a sister hospital. Another car journey, another set of unfamiliar faces for the stressed cat and her concerned owners.

At the hospital a wonderful nurse admits them, who addresses Mr and Mrs A and Puss by their names, makes eye contact, and is genuinely caring, friendly and professional throughout.

But after a few days' stay, the senior vet tells Mr and Mrs A starkly that Puss 'will be dead by Easter'. A few days away. They are despatched home with medication, but no explanation as to what it is for.

Mr and Mrs A are heartbroken. They consider euthanasia but decide to let Puss die quietly at home. They also decide not to give the prescribed medication, as it is upsetting to administer and ultimately is not going to make Puss better.

Time passes.

Puss seems to be OK.

Mr and Mrs A are confused and seek a second opinion.

The second opinion (using the original test results) is directly contradictory – it is pre-renal and is not terminal. Puss requires hydration and support to overcome an acute issue, but is certainly not dying. Mr and Mrs A are immensely relieved – but also considerably out of pocket. Their insurers will not pay the bill from either practice because of the differing diagnoses.

Then as a final triumph, the first practice also sends Mr and Mrs A a bill for their time completing all the necessary insurance forms!

Mr and Mrs A's customer journey turned into something of an obstacle course. Aside from the nurse, there was no involvement, no explanation and no empathy shown at any stage of the process. The practice simply did not connect with their customer, and delivered bland, impersonal and perfunctory care throughout. As a result, Mr and Mrs A now have some rather choice words to share with their friends and fellow pet owners about the practice.

This is a real story. It could all have been so different, if only the practice had taken the time to understand and empathise. If only the staff had acted with consideration of how their customers felt.

So if you only remember one thing about this case, please make it your resolution to be completely customer-centric. 